____*Approved* _____*Denied* _____*Date*

Alternate Assessment Medical Exemption Form
2003-2004 Commonwealth Accountability Testing System

Section 1 – *School/District use only. Please print or type.*

A. Exemption for: _____4th _____8th _____12th
(*This form is for **ALTERNATE ASSESSMENT** only. Please make sure that **all** information is filled out. Submission of requests DOES NOT guarantee approval. A copy of this request **must be** submitted to the KAP Office in addition to the Office of Assessment and Implementation, address information on back of exemption form.)**Request needs to be received by January 1, 2004.***

B. Student information

Student's Last Name First MI

Student's Grade

District and School Student Attends

Attending District/School Number

Accountable District and School for Student (if different from above)

Accountable District/School Number

Special Education Disability Label

District Assessment Coordinator Signature (**REQUIRED)**

Date of Request

Has the student been or is the student currently on homebound instruction?
Yes No

Section 2 –*Physician use only. Please print or type.* (*Attach additional pages if necessary.)*

A. Describe, in **detail**, this student's medical or mental condition. *(Please avoid the use of abbreviations.)*

B. Would participation in the state required assessment adversely affect the physical or mental condition of this student? If yes, please explain. (*This alternate assessment can be administered over time in a school, hospital, or home setting finding optimal times for entry development with the student.)* YES NO

I understand my signature indicates that I believe participation in the state-required assessment would be detrimental to this student's well being.

Print or Type Doctor's Name Doctor's Signature Date

Section 3 – *I give permission to release my child's pertinent medical information to the school district representative, Kentucky Department of Education and the testing contractor (CTB/McGraw Hill) for the purpose of applying for a medical exemption from the 2004 state-required assessment. I understand that, pursuant to Public Law 104-191, all parties will keep this information confidential.*

Parent or Guardian Signature Date

Note: Completion of this form does not guarantee approval.